



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012

MARK J. SALADINO
TREASURER AND TAX COLLECTOR

March 4, 2004



FILED
2004 MAR -3 AM 10:43
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

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The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Mark Z. Modesto, in amount of \$4,971.35
Ronald F. Pennywell, in amount of \$4,903.33
Roberto B. Cisneros, in amount of \$4,000
Gabriel Reyes, in amount of \$4,846.63
Vivian Gomez, in amount of \$3,287.50
Dong In Kim, in amount of \$8,333.33
Syhon Chambers, in amount of \$3,894
Susan Phu, in amount of \$10,000

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

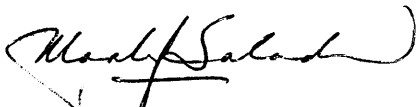
Implementation of Strategic Plan Goals:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



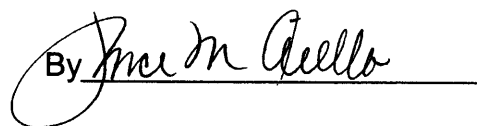
MARK J. SALADINO
Treasurer and Tax Collector

MJS:DA:efh
e:Comp.61

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
LLOYD W. PELLMAN
County Counsel

By 

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 61A
DATE: March 4, 2004

Amount of Aid	\$30,410.00	Account Number	10697639
Amount Paid	.00	Name	Modesto, Mark Z.
Balance Due	\$30,410.00	Service Date	12/05/02 to 12/09/02
Compromise Amount Offered	4,971.35	Facility	LAC USC Medical Center
Amount to be Written Off	\$25,438.65	Service Type	Inpatient

JUSTIFICATION

Mr. Modesto was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$30,410.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,971.35	\$ 4,971.35	33.14%
Attorney Cost	85.93	85.93	.58%
County of Los Angeles	30,410.00	4,971.35	33.14%
Net to Client	N/A	4,971.37	33.14%
Total	\$35,467.28	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Modesto supports himself with a marginal income. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61B
DATE: March 4, 2004

Amount of Aid	\$182,197.00	Account Number	10726571
Amount Paid	.00	Name	Pennywell, Ronald F.
Balance Due	182,197.00	Service Date	12/11/02 to 02/14/03
Compromise Amount Offered	4,903.33	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$177,293.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Pennywell was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$182,197.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,903.33	\$ 4,903.33	32.68%
Attorney Cost	290.00	290.00	1.96%
County of Los Angeles	182,197.00	4,903.33	32.68%
Net to Client	N/A	4,903.34	32.68%
Total	\$187,390.33	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Pennywell is unemployed and lives with his sister. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61C
DATE: March 4, 2004

Amount of Aid	\$44,913.00	Account Number	10673549
Amount Paid	.00	Name	Cisneros, Roberto B.
Balance Due	44,913.00	Service Date	09/07/02 to 09/10/02
Compromise Amount Offered	4,000.00	Facility	Harbor UCLA Medical Ctr.
Amount to be Written Off	\$40,913.00	Service Type	Inpatient

JUSTIFICATION

Mr. Cisneros was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$44,913.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,950.00	\$4,950.00	33.00%
Attorney Cost	601.95	601.95	4.01%
McCormick Ambulance	758.75	758.75	5.05%
Ramos Medical Associates	529.00	.00	.00%
Michael Duffin, M.D.	1,467.18	.00	.00%
Torrance Memorial Medical Center	2,804.10	.00	.00%
County of Los Angeles	44,913.00	4,000.00	26.68%
Net to Client	N/A	4,689.30	31.26%
Total	\$56,023.98	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Cisneros is employed and supports himself with a marginal income. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61D
DATE: March 4, 2004

Amount of Aid	\$24,076.00	Account Number	10708428
Amount Paid	.00	Name	Reyes, Gabriel
Balance Due	24,076.00	Service Date	09/15/02 to 09/17/02
Compromise Amount Offered	4,846.63	Facility	LAC USC Medical Center
Amount to be Written Off	\$19,229.37	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Reyes was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$24,076.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,846.63	\$ 4,846.63	32.31%
Attorney Cost	460.10	460.10	3.07%
County of Los Angeles	24,076.00	4,846.63	32.31%
Net to Client	N/A	4,846.64	32.31%
Total	\$29,382.73	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Reyes supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61E
DATE: March 4, 2004

Amount of Aid	\$22,752.00	Account Number	10666085
Amount Paid	.00	Name	Gomez, Vivian
Balance Due	22,752.00	Service Date	10/22/00 to 12/31/00
Compromise Amount Offered	3,287.50	Facility	LAC USC Medical Center
Amount to be Written Off	\$19,464.50	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Gomez was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$22,752.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,200.00	\$ 3,150.00	30.00%
Attorney Cost	1,837.50	1,837.50	17.50%
County of Los Angeles	22,752.00	3,287.50	31.31%
Net to Client	N/A	2,225.00	21.19%
Total	\$28,789.50	\$10,500.00	100.00%

Our financial investigation reveals that Ms. Gomez supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 31F
DATE: March 4, 2004

Amount of Aid	\$37,142.00	Account Number	10733968
Amount Paid	.00	Name	Kim, Dong In
Balance Due	37,142.00	Service Date	10/22/02 to 11/05/02
Compromise Amount Offered	8,333.33	Facility	LAC USC Medical Center
Amount to be Written Off	\$28,808.67	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Kim was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$37,142.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,333.33	\$ 8,333.33	33.33%
Attorney Cost	212.04	212.04	.86%
County of Los Angeles	37,142.00	8,333.33	33.33%
Net to Client	N/A	8,121.30	32.48%
Total	\$45,687.37	\$25,000.00	100.00%

Our financial investigation reveals that Mr. Kim supports himself and a family of two with a marginal income. He has no other income or tangible assets.

ATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61G
DATE: March 4, 2004

Amount of Aid	\$20,496.00	Account Number	10748573
Amount Paid	.00	Name	Chambers, Syhon
Balance Due	20,496.00	Service Date	02/24/03 to 07/30/03
Compromise Amount Offered	3,894.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,602.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Mr. Chambers was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$20,496.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	378.00	378.00	2.52%
Cedars-Sinai	5,937.04	1,106.00	7.37%
County of Los Angeles	20,496.00	3,894.00	25.97%
Net to Client	N/A	4,622.00	30.81%
Total	\$31,811.04	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Chambers supports himself with General Relief. He has no other income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 61H
DATE: March 4, 2004

Amount of Aid	\$143,596.00	Account Number	10690061
Amount Paid	.00	Name	Phu, Susan
Balance Due	143,596.00	Service Date	09/29/02 to 02/18/03
Compromise Amount Offered	10,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$133,596.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

Ms. Phu was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$143,596.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 10,000.00	\$12,000.00	33.33%
County of Los Angeles	143,596.00	10,000.00	33.33%
Net to Client	N/A	8,000.00	33.34%
Total	\$153,596.00	\$30,000.00	100.00%

Our financial investigation reveals that Ms. Phu is unemployed and receives support from Social Security benefits. She has no other source income or tangible assets.